LIBRARY

BOROUGH OF ANDOVER

Annual Report
of the
Medical Officer of Health
for the year
1950

Public Health Officers

Medical Officer of Health

A. A. Cockayne, D.S.C., B.A., M.R.C.S., L.R.C.P., D.P.H.
(resigned 30th September 1950.)

John Sleigh, M.B., Ch.B.(Aberd.), D.P.H.(Edin.).
(appointed 1st October 1950.)

Chief Sanitary Inspector

A. R. Tarrant, M.R.San.I., M.S.I.A.

Additional Sanitary Inspector

D. W. Westmore, A.R.San.I., M.S.I.A.

Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

https://archive.org/details/b28806402

To the Mayor and Members of the Andover Borough Council:

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1950.

Over three years ago in March 1948, before the National Health Service had started, Dr. Ffrangcon Roberts of Cambridge foresaw, in an article entitled "Medicine in a Planned Economy"[*] the inevitable fate of the Service; and in a second article entitled "Cost of the National Health Service",[†] he enlarged on the points he had made in the first article. No more important comment on the National Health Service has appeared than either of these articles.

Let me make one or two quotations from Dr. Roberts.

"Medicine contains within itself the means of its own expansion - namely the expansion of Science on which it is based - an expansion beyond the control of market conditions and of which the only certainty is that it will continue indefinitely".

"Society has opened a new Pandora's box, releasing new diseases of its own creation, and with them innumerable new methods of treating all the diseases which it cannot cure".

What do these statements mean in practical terms? Let me quote again from Dr. Roberts.

"Whatever medical activity we plot against time we find the same result; acceleration towards infinity".

"The truth is that, at any rate in regard to chronic disease, cure is being more and more outstripped by treatment, and there is no sign that the situation will be reversed. This prospect, ominous enough in itself, is rendered more ominous by the disturbing fact that advancing knowledge so often obscures rather than clears our vision".

Finally here are two quotations from an article "Medicine as a Planned Economy: The Biochemist's View"[‡] by Dr. E. B. Hendry of Edinburgh.

"Unless this acceleration towards infinity stops, the doctors of the near future will be concerned solely with the problem of collecting specimens to the exclusion of all other forms of practical medicine".

"If this acceleration towards infinity continues unchecked without a simultaneous and corresponding increase in laboratory facilities and staff, then the accuracy (and hence the value) of all biochemical analyses will accelerate towards zero".

What is true of biochemistry is true of every other branch of medicine. If it were economically practicable for this inevitable and increasing acceleration to continue the whole population would ultimately be working a 24-hour day looking after the sick.

Dr. Hendry and Dr. Roberts in his first article, both suggest that at some point further expansion should be stopped. Dr. Roberts in his second article makes some general suggestions for the line of action to be followed by the medical profession, but I doubt whether these make enough allowance for the increasing pressure that would be exerted on the profession as the demand for expansion became ever greater.

What is needed is a complete re-examination of the objectives of the medical profession. Broadly speaking the present position is that the existence of ill-health is accepted as natural, and the function of the medical profession is considered to be the cure, or most often the treatment of that ill-health. A careful examination of the inevitable result of such a policy, as shown by Dr. Roberts and Dr. Hendry, indicates that it can only lead to disaster.

[*] British Medical Journal 1948 I 485.
[†] British Medical Journal 1949 II 293.
[‡] British Medical Journal 1948 I 567.

This policy assumes that scientific advances make the diagnosis and treatment of disease more easy, when the opposite is really the case. Each new discovery makes the final solution appear not nearer, but further away, and this is what one might expect if one remembered that the one sure thing about Nature was her infinite complexity. So all the time we find more aids to diagnosis, and new means of treatment, making the picture of each disease more obscure and necessitating more hospitals, more nurses, and more doctors, and longer training for these.

Sheer economic necessity will force the collapse of this policy. What then can we put in its place?

I believe that we were meant to be healthy, not unhealthy, and that if we fail to be healthy we should not accept this as inevitable, but should seek for the cause in our environment. The influence of heredity as a cause of ill health is steadily being found to be less important than was once thought. Instead of research into the diagnosis and treatment of disease, let us have research into the causes of disease and better still into the causes of health.

It may be argued that such research will be as complex and as unrewarding as is our present research. But I believe further that what we will find in every instance is that where we thought we could improve on Nature, we were wrong, and that as this truth is repeated again and again we will realise that for each disease it is only in the direction of aberrations from Nature that we need look for a cause and that if we live naturally we need not fear disease.

This will require a revolution in medical thought. There is one branch only of the medical profession that measures men by the yardstick of health rather than by that of disease, and that is fitted by outlook to lead such a revolution. It is the Public Health Service.

Housing

The three primary requirements for mankind are food, shelter, and clothing in that order. With full employment and rationing of foodstuffs in short supply, the first and last requirements are satisfied, but unhappily the same cannot be said of the second. Unquestionably the housing problem is the most serious matter affecting the health, mental as well as physical, of the people, and it is the duty of all in public office, whether high or low, to lose no opportunity of stating again the present disastrous situation, and of urging that active steps be taken for its amelioration.

The current rate of building in England and Wales is 172,000 houses per year. This is exactly half the figure for 1938 (344,000) and further is less than the number required for replacements. (182,000) These few figures are sufficient to explain why lists of prospective tenants for Council houses have increased rather than decreased over the last 6 years. It is said that we are building as many houses as we can afford, and that our resources are strained to the uttermost by our many commitments. If this is the case, then some reallocation of the proportions of our expenditure should be made which would give Housing the place it deserves. The amount spent on the National Health Service for example is 1½ times as great as that spent on Housing, but I would not care to say that it does 1½ times as much for health.

It may be of interest to compare the number of houses built in Andover (population 15,260) since the end of the war with the number which might have been expected had houses been built at the same rate as in all town of 25,000 and under (population 6,484,217). 143,117 permanent and 15,957 temporary houses (total 159,074) were built in all towns of 25,000 and under up to the end of 1950, and on that basis 337 permanent and 37 temporary houses (total 374) might have been built in Andover. The actual figures were 373 permanent and 50 temporary houses (total 423) giving 111%, 135%, and 113% respectively of what might have been expected.

I am indebted to Mr. A. R. Tarrant, M.R.San.I., M.S.I.A., Chief Sanitary Inspector, for his assistance in the preparation of this report. (Sections C, D, and E.)

I have the honour to be

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

John Leigh.

Section A. Statistics and Social Conditions of the Area (1949 figures in brackets)

Area (in acres)	6,381	(6,381)
Registrar General's estimate of resident population	15,050	(15,260)
Number of inhabited houses according to Rate Books	3,929	(3,813)
Rateable value	£102,856	(£100,355)
Sum represented by a penny rate	£429	(£418)

Chief Industries carried on in the area

Below are given Ministry of National Insurance figures of numbers employed, obtained from the Ministry of Labour. It is not possible to give figures for the Borough of Andover as Ministry of National Insurance areas are based not on existing Local Government areas but on the towns and the areas of country draining naturally into them. The figures given are for the area of the Andover office of the Ministry of National Insurance, which area comprises:

Andover Municipal Borough
Andover Rural District
Hurstbourne Priors, Laverstoke, St. Mary Bourne, Whitchurch, and Portals only in Overton, in Kingsclere and Whitchurch Rural District.
Broughton, Houghton, Leckford, Longstock, Nether Wallop, Over Wallop, and Stockbridge, in Romsey and Stockbridge Rural District.

Agriculture	2,000
Paper making and Printing	1,600
Local and National Government	1,400
Building	1,300
Distributive Trades	1,100
Engineering, Garages etc.	1,100
Food and Drink etc.	500
Woodwork etc.	500
Transport	350
Professions	180
All others	1,670
Total	11,700

Extent of Unemployment

This is virtually non-existent, being 0.1% (England and Wales 1.0%)

VITAL STATISTICS
(1949 figures in brackets)

Birth-rates, Death-rates, Analysis of Mortality and Case-rates for Certain Infectious Diseases in the Year 1950. Provisional figures based on Quarterly Returns

	Andover M.B.		England and Wales	
Births	Rates per 1000 Home Population			
Live births	15.0	(17.4)	15.8	(16.7)
Still births	0.27	(0.39)	0.37	(0.39)
Deaths				
All causes	10.2	(10.4)	11.6	(11.7)
Typhoid and paratyphoid	0.00	(0.00)	0.00	(0.00)
Whooping cough	0.07	(0.00)	0.01	(0.01)
Diphtheria	0.00	(0.00)	0.00	(0.00)
Tuberculosis	0.13	(0.13)	0.36	(0.45)
Influenza	0.00	(0.07)	0.10	(0.15)
Smallpox	0.00	(0.00)	-	(0.00)
Acute poliomyelitis (including polioencephalitis)	0.00	(0.00)	0.02	(0.01)
Pneumonia	0.20	(0.20)	0.46	(0.51)
Notifications (Corrected)				
Typhoid fever	0.00	(0.00)	0.00	(0.01)
Paratyphoid fever	0.00	(0.00)	0.01	(0.01)
Meningococcal infection	0.07	(0.00)	0.03	(0.02)
Scarlet fever	1.33	(0.39)	1.50	(1.63)
Whooping cough	0.60	(0.26)	3.60	(2.39)
Diphtheria	0.00	(0.00)	0.02	(0.04)
Erysipelas	0.07	(0.07)	0.17	(0.19)
Smallpox	0.00	(0.00)	0.00	(0.00)
Measles	0.27	(12.2)	8.39	(8.95)
Pneumonia	0.13	(0.07)	0.70	(0.80)
Acute poliomyelitis (including polioencephalitis)				
Paralytic	0.13		0.13	
Non-paralytic	0.07		0.05	
Food poisoning	0.00	(0.00)	0.17	(0.14)
Deaths	Rates per 1000 Live Births			
All causes under 1 year of age	13.3	(34.0)	29.8	(32)
Enteritis and diarrhoea under 2 years of age		(3.8)	1.9	(3.0)
Notifications (Corrected)	Rates per 1000 Total (Live and Still) Births			
Puerperal fever and pyrexia	4.35	(0.00)	5.81	(6.31)

Birth Rate

It should be noted that the birth rate for 1950 (15.0 per 1000) was 0.8 per 1000 below that for England and Wales (15.8 per 1000). Even if the rate is standardised to allow for the differing age and sex distribution of the population in Andover as compared with that in England and Wales it is only improved to 15.2 per 1000 and that improvement is an indication that the age and sex distribution of the population in Andover is slightly unfavourable for births as compared with that in England and Wales. The most important factor affecting the birth rate in one area as compared with that in the country as a whole is opportunity for marriage, as the number of babies born in any one family depends more on the date of marriage of the parents than on any other factor. The suggestion is therefore that there is some influence in Andover delaying the date of marriage. Unemployment is nil and the only other factor that suggests itself is the non-availability of housing accommodation for those who wish to get married. That this is likely to be the case is suggested by the fact that Andover's population increase between the 1931 and 1951 censuses is 45% (from 10,076 to 14,661) which compares with one for England and Wales of 9.5% (from 39,952,377 to 43,744,924) which indicates that the need for houses for new families in Andover is five times as great as in England and Wales. It is difficult to avoid the impression that housing allocations should be based on population increase as well as on population at any rate in those areas away from the London conurbation (an ugly word for an ugly reality) which it is desirable should increase in population.

At the same time it should not be forgotten that the birth rate for England and Wales is itself well below replacement level. The population is still increasing as a result of the increased expectation of life, but this is a temporary phenomenon, for we are now within measurable reach of the stage when nearly all will die of old age, and we have not yet been able to influence the onset of ageing. Unless we become able to do this, a sharp increase in the death rate is bound to supervene. In any case this increased population is one more and more overweighted with those who cannot do a day's work. Sooner or later the population will begin to decline.

It may seem absurd that the prospect of a declining population should be received with anything but equanimity in a country whose economic difficulties are due to the fact that she must buy food and the raw materials to manufacture into exports to sell to buy that food or her people will starve, whereas the countries from whom she buys the food and raw materials no longer need our exports, being able to produce their own manufactures or obtain them from other sources, and so drive a harder and harder bargain as can be shown for example by the devaluation of the £, which just meant we paid one third more for food and raw materials. A smaller population would need less food and the need for food and raw material imports would be correspondingly reduced. The prospect of a declining population is however a very serious one. A declining population is inevitably one in which the older people outnumber the younger, and in which the smaller proportion of active people must work increasingly harder to support the greater proportion of non-active. The only kind of population decline which is not accompanied by this state of affairs is one brought about by planned emigration of cross-sections of all age groups of the community and in this connection it is interesting to note that the Commonwealth, and particularly Canada and Australia, cannot be developed for want of people. In the absence of such emigration the need for maintenance of the population at its present level outweighs all other considerations.

In the old days people produced children to look after them in their old age. Now they expect the State to do it. But the State is only the sum of the people in it, and how for example, the present value of Old Age Pensions can be maintained for more Pensioners by fewer producers it is difficult to see.

Whereas 100 years ago children were an economic asset, now they are a liability and everything must be done to correct this. Not only must it be made no longer a financial burden to rear a family, by the provision of adequate family allowances, income tax reliefs, educational and housing provision, and so on, but somehow or other the attitude of the community to the parents of more than one or two children, that they are fools, or improvident, or careless, or peculiar, must be altered.

Death Rate

It should be noted that the death rate for 1950 (10.2 per 1000) was 1.4 per 1000 below that for England and Wales (11.6 per 1000). Even if the rate is standardised to allow for the differing age and sex distribution of the population in Andover as compared with that in England and Wales it remains at 10.2 per 1000. This is an indication that the age and sex distribution of the population in Andover is equally favourable for deaths as compared with that in England and Wales. The suggestion is therefore that Andover is a healthy place in which to live.

Analysis of Mortality and Case Rates for Certain Infectious Diseases

No significance can be attached to the Rates given for this Authority as the population is too small. It is hoped however that it will be of some interest to compare them with those for England and Wales. Probably the only figures for which any explanation is required are the measles case rates for this Authority for this year and last - this year's being low and last year's high. This is due to the fact that although measles occurs more or less equally each year for the country as a whole it occurs in each area in alternate years, as it takes two years for the level of immunity in the community to fall as a result of new births to the point at which an epidemic can recur.

It is hoped that it will be noted that the mortality rate for England and Wales for poliomyelitis is one fifth of that for influenza, one eighteenth of that for tuberculosis, and one twenty-third of that for pneumonia, and that the case rate for England and Wales for poliomyelitis is one quarter of that for pneumonia, one eighth of that for scarlet fever, one twentieth of that for whooping cough, and one forty-seventh of that for measles. Perhaps this may assist towards the preservation of a sense of proportion about the importance of poliomyelitis.

Live Births	Male	Female	Total
Legitimate	120 (149)	90 (105)	210 (254)
Illegitimate	7 (4)	9 (7)	16 (11)
Total	127 (153)	99 (112)	226 (265)

Still Births	Male	Female	Total
Legitimate	2 (3)	1 (2)	3 (5)
Illegitimate	1 (1)	0 (0)	1 (1)
Total	3 (4)	1 (2)	4 (6)

Deaths of Infants under 1 year of age	Male	Female	Total
Legitimate	2 (5)	1 (2)	3 (7)
Illegitimate	0 (1)	0 (1)	0 (2)
Total	2 (6)	1 (3)	3 (9)

Deaths of Infants under 4 weeks of age	Male	Female	Total
Legitimate	1	1	2
Illegitimate	0	0	0
Total	1	1	2

Deaths	Male		Female		Total	
Tuberculosis, respiratory	1	(1)	1	(1)	2	(2)
Tuberculosis, other	0	(0)	0	(0)	0	(0)
Syphilitic disease	1	(0)	0	(0)	1	(0)
Diphtheria	0	(0)	0	(0)	0	(0)
Whooping cough	1	(0)	0	(0)	1	(0)
Meningococcal infections	0	(0)	0	(0)	0	(0)
Acute poliomyelitis	0	(0)	0	(0)	0	(0)
Measles	0	(0)	0	(0)	0	(0)
Other infective and parasitic diseases	2	(0)	0	(0)	2	(0)
Malignant neoplasm, stomach	2	(2)	0	(0)	2	(2)
Malignant neoplasm, lung, bronchus	1		0		1	
Malignant neoplasm, breast	0	(0)	1	(5)	1	(5)
Malignant neoplasm, uterus	0		0		0	
Other malignant and lymphatic neoplasms	10	(10)	5	(10)	15	(20)
Leukaemia, aleukaemia	0		0		0	
Diabetes	1	(1)	0	(1)	1	(2)
Vascular lesions of nervous system	3	(7)	11	(14)	14	(21)
Coronary disease, angina	15		10		25	
Hypertension with heart disease	0		4		4	
Other heart disease	16	(38)	25	(18)	41	(56)
Other circulatory disease	1	(2)	1	(4)	2	(6)
Influenza	0	(1)	0	(0)	0	(1)
Pneumonia	2	(2)	1	(1)	3	(3)
Bronchitis	4	(4)	0	(3)	4	(7)
Other diseases of respiratory system	1	(1)	0	(1)	1	(2)
Ulcer of stomach and duodenum	1	(0)	0	(0)	1	(0)
Gastritis, enteritis, and diarrhoea	1	(2)	0	(1)	1	(3)
Nephritis and nephrosis	0	(2)	0	(1)	0	(3)
Hyperplasia of prostate	3		0		3	
Pregnancy, childbirth, abortion	0	(0)	0	(0)	0	(0)
Congenital malformations	1		2		3	
Other defined and ill-defined diseases	8	(12)	11	(11)	19	(23)
Motor vehicle accidents	3	(3)	0	(0)	3	(3)
All other accidents	2		1		3	
Suicide	0	(0)	0	(0)	0	(0)
Homicide and operations of war	0		0		0	
All causes	80	(88)	73	(71)	153	(159)

Poorer Life Expectation of Men

No significance can be attached to the Deaths given for this Authority as the population is too small. It is hoped however that it will be of some interest to see how they are subdivided. Males tend to exceed females in the causes not attributable to old age, just as females tend to exceed males in the causes attributable to old age. This is due to the fact that women live longer than men. The last estimate for England and Wales[±] showed that whereas a boy born in 1949 could expect to live to be 66.01, a girl born in 1949 could expect to live to 70.63. On this information it is difficult to see the justification for granting pensions to women five years earlier than to men. It is interesting to note that at all ages the male has a poorer expectation of life than the female. There are even more miscarriages and still-births of male babies than there are of female babies. Nature is well aware of this problem and overcomes it by producing 1056 male babies for every 1000 female babies, so that the proportions of the sexes are equal in the early 20's, the physiological age for marriage and child bearing. The excess of females over males in the population is due to the fact that the greater number of females than males for all age groups after the early 20's outweighs the greater number of males than females before and during the early 20's. The fact that there are more women than men does not therefore really affect the marriage prospects of women at all.

The discrepancy in expectation of life between men and women has actually been increasing in recent years.[±] For example between 1936 - 1939 and 1942 death rates of women at the four quinquennial age groups between 50 and 70 registered improvements ranging from 12 to 17 per cent, whilst the corresponding male rates showed improvements ranging from 5 to 13 per cent. Between 1942 and 1947 further improvements of about 5 per cent occurred for women, but not for men. At ages 50 - 59 male rates ceased to fall at the end of the war and at ages 60 - 64 the rate began to rise after 1942, increasing 5 per cent by 1947. The percentage ratio of male to female death rates in 1936 - 1939 at the four age groups were 149, 153, 146, and 139, but by 1947 they had risen to 163, 174, 176, and 159.

Increase in Certain Causes of Death

The deaths given are classified for the first time under the headings based on the Abbreviated List of the International Statistical Classification of Diseases Injuries and Causes of Death 1948. These headings differ from those based on the Abridged List of Causes as used in England and Wales, under which the deaths given were classified previously. This explains the gaps in last year's figures in the table. The new classification is altered as compared with the old in accordance with the changes in causes of death which are taking place and some discussion of this subject is therefore relevant.

It is a fact that the fall in the death rate which has continued for many years is now becoming more uncertain. For example whereas a boy born in 1948 could expect to live to be 66.39, and a girl born in 1948 could expect to live to be 71.15, on the mortality experience prevailing in 1948, a boy born in 1949 could expect to live to be 66.01, and a girl born in 1949 could expect to live to be 70.63, on the mortality experience prevailing in 1949.[*] The Comparative Mortality Index, which takes account of the changing sex-age composition of the population, shows that, compared with 1938 taken as 1.00, there was a fall in mortality from 0.920 in 1945 to 0.889 in 1946, and a rise in 1947 to 0.921 for men, and that the figure for women remained at 0.875 for 1945 and 1946, but increased to 0.892 in 1947.[±]

The new classification should simplify study of the changing pattern of causes of death. The diseases which are on the increase are the so called diseases of civilization (cancer, cerebral haemorrhage, coronary thrombosis and angina pectoris, and peptic ulcer) and if other causes of death are remaining stationary, or even being reduced, and the death rate itself is no longer heading downward in so definite a fashion as before, it appears that these diseases may be increasing at a rate greater than might be explained solely on the basis of an ageing population. At this stage any observations on the possible causes of such a situation must be speculative but it is interesting to note that all these conditions can be described as degenerations or aberrations of tissue. Now food is our primary requirement for life and health. Clothing is our third requirement only, and shelter our second, but without food we die. It is not unreasonable therefore to postulate some connection between degenerative diseases and the food we eat, particularly as tissue degeneration is more likely to be associated with faulty nutrition than is almost any other type of bodily ailment.

---

[*] Registrar General Quarterly Return No. 407 September Quarter 1950,
[±] Registrar General Statistical Review of England and Wales 1946 & 1947.

My own view is that what is most important in food is that it should be fresh, natural, and wholesome, not processed, sophisticated and adulterated. Sir Albert Howard found that cattle fed on pasture fertilized by returning to it the whole of the animal and vegetable refuse of the community could actually rub noses across a fence with cattle suffering from foot and mouth disease without contracting the infection. Sir Robert McCarrison found that whereas rats fed on whole wheat flour, butter, milk, fresh vegetables and meat grew well, had little disease and lived happily together, those fed on white flour, margarine, tinned meat, overcooked vegetables, jam, tea, sugar and a little milk grew ill, had much disease and lived unhappily together, the strong killing and eating the weak. He was even able to produce in rats the physical characteristics and disease patterns of the different peoples of India by feeding them on the diets of these various peoples. It is not generally realised that the disease pattern is entirely different in different races. But Science, obsessed with the investigation of the diseased, never thinks of the investigation of the healthy.

In so far as civilization is dependent on the thinker and the craftsman being released from the necessity of finding their own food, it may be, if freshness, naturalness, and wholesomeness are vital, that civilization is self destructive and that the breakdown of the ancient civilizations was due to the increasing artificiality of their diet. Viewed in that light the prospects of a country such as our own which can only feed a proportion of her population, do not seem good, but if it was even accepted as a principle that where possible fresh, natural, and wholesome food should be the objective, much would be gained. A moment's thought shows that this objective is very far from being considered today.

Smoking and Cancer of the Lung

A recent statistical investigation[*] has disclosed that there is a significant relationship between smoking and cancer of the lung. There was a very much smaller percentage of non-smokers among a group of 649 men and 60 women with cancer of the lung (0.3% for men and 31.7% for women) than among a similar control group of men and women withou cancer of the lung (4.2% for men and 53.3% for women). Among the smokers a very much higher percentage of patients with cancer of the lung were heavy smokers (26.0% for men and 14.6% for women smoked 25 or more cigarettes a day) than among the control group (13.5% for men and 0% for women smoked 25 or more cigarettes a day.) It was calculated that above the age of 45 the risk of cancer of the lung was 50 times as great among those who smoked 25 or more cigarettes a day as among non smokers.

Cancer is reputed to take some 10-15 years to develop, and it is not attractive to speculate what may be the death rate from cancer of the lung when the results of the spectacular increase in smoking since 1939 are fully felt. Even during the 25 years between 1922 and 1947 the annual number of deaths recorded in England and Wales increased from 612 to 9,287. It is not known what is the factor in cigarettes that is responsible for the position, but the obvious advice to anyone contemplating taking up smoking is "Don't".

[*] British Medical Journal 1950 II 739.

Section B. General Provision of Health Services for the Area

National Health Service Act 1946
Local Health Services under Part III

In paragraph 20 of Ministry of Health circular 118/47 it was recommended that all counties should be subdivided according to local health requirements, that in each subdivision the County Health Committee would appoint a subcommittee on which the Councils of County Districts comprising the subdivision would be represented, and to which would be delegated the day to day administration in the division of the Part III (Local Health Authority) Services, and that executive charge of those Services in the division would be taken either by an existing Assistant County Medical Officer, preferably one who was also Medical Officer of Health of one or more of the districts constituting the division, or by the Medical Officer of Health of one of these districts who would be appointed to the staff of the County Medical Officer.

No such subdivision has taken place in Hampshire. Charge of duties under Section 26 (Vaccination and Immunisation) is taken by the Medical Officer of Health, but charge of duties under Sections 22 (Care of Mothers and Young Children), 23 (Midwives), 24 (Health Visitors), 25 (Home Nursing), 27 (Ambulances), 28 (Prevention of Illness, Care and After Care) and 29 (Domestic Help) remains with the County Medical Officer. The District Health Sub Committee has advisory functions only in connection with Sections 23 (Midwives), 25 (Home Nursing) and 29 (Domestic Help) only, but the officers carrying out these services come directly under the control of the County Health Committee and are in no way answerable to the District Health Sub-Committee.

Section 26 (Vaccination and Immunisation)

This is therefore the only one of the Part III (Local Health Authority) Services under the National Health Service Act, on which I am able to report.

Notification of birth cards received by the County Medical Officer from the Health Visitors are sent to the Medical Officer of Health, who prepares Diphtheria Immunisation Record Cards from them, and these form a Diphtheria Immunisation Card Index. Consent cards received by parents from the Health Visitors are sent to the Medical Officer of Health who sends the corresponding Diphtheria Immunisation Record Cards to the general practitioners and they perform the immunisation. A Diphtheria Immunisation Clinic is also conducted by the Medical Officer of Health with the assistance of the Health Visitors at the Health Centre, Junction Road, Andover at 11 a.m. on the first Saturday in the month for those children whose parents wish them to be immunised by him.

This scheme works very well. In the past the parents of children whose Diphtheria Immunisation Record Cards had not been sent to the general practitioners by the time they were a year old, no consent cards having been received by the Medical Officer of Health, were visited by the Health Visitors but during 1950 this practice was discontinued as it was found in the majority of cases that these children were being immunised or had been immunised but Diphtheria Immunisation Record Cards had not been sent by the general practitioners to the Medical Officer of Health.

Diphtheria Immunisation

Annual Return for year ended 31st December 1950.

Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents) in the above year.			Total number of children who were given a secondary or reinforcing injection (ie. subsequent to complete full course)
Age at date of final injection		Total	During year ending 31st December 1950
Under 5	5 to 14		
155	3	158	13

Immunisation in Relation to Child Population

Number of children at 31st December 1950 who had completed a course of immunisation at any time before that date (ie. at any time since 1st January 1936.)

Age at 31 Dec 50	Under 1	1	2	3	4	5 to 9	10 to 14	Total
ie. Born in year .	1950	1949	1948	1947	1946	1941-1945	1936-1940	under 15
Number immunised	115	81	214	241	207	205	19	1082

Estimated mid-year child population 1950	Children under 5	Children 5-14	
	1499	2036	3535

Diphtheria Notifications and Deaths in Relation to Immunisation during the year 1950

Nil

The 858 immunisations performed on the 1499 children under 5 represent a percentage of 57.2, the 224 immunisations performed on the 2036 children from 5-15 represent a percentage of 11.0, and the 1082 immunisations performed on the 3535 children under 15 represent a percentage of 30.6.

These percentages for 1950 may be compared with 53.2%, 73.4% and 63.3% for urban districts, and with 57.1%, 73.4%, and 67.1% for the County for 1949. It will be seen therefore that our percentages for under 5's are slightly above those for urban districts and almost exactly the same as those for the County for the previous year, but our percentages for 5's - 15's and for all children under 15 fall hopelessly short of those for either urban districts or the County. These figures represent the result of a complete search through all our records and indicate that these records are obviously very far from complete.

The cause of this apparently unsatisfactory state of affairs is the return itself. It will be seen that it demands figures dating back to 1936, that is, 15 years old. But what is more important is that the return was only introduced in 1945 in which year it demanded figures dating back to 1931, that is 15 years old at that time. It is most unlikely that all the figures submitted at that time were based on records and many of them must have been estimates. Because of the peculiar nature of the return, later figures based on records have been added each year to these earlier figures, conferring on them an appearance of accuracy to which they may not have been entitled. The accuracy of this return in every case will not really be certain until 15 years from the date of its introduction, and comparisons based on returns at the present time are not necessarily of any great value. It will be seen also that figures for immunised children between the ages of 5 and 14 are given in two 5 year age groups which in each year's return refer to two groups of 5 calendar years a year later than the two groups of the previous year's return, so that the return cannot be based on that for the previous year, but only on the records on which that return was based. In the case of this authority the only records which I was able to find gave the figures which I have set out above, and as these do not correspond in any way to the previous year's figures it is likely that these figures were an estimate. Because of the nature of the return it is not likely that this authority was the only one submitting for the previous year figures based on an estimate.

Diphtheria Immunisation and Poliomyelitis

There was a drop of nearly 27,000 in immunisations done in the first months of 1950 as compared with the same period in 1949. The serious nature of this matter is shown by the fact that whereas in the 10 year period 1931-40 there was an average of 55,000 cases of diphtheria and 2,800 deaths each year, both these figures have fallen every year since 1941 as a result of the introduction of the diphtheria immunisation campaign, until in 1949 there were only 4,971 cases and 85 deaths. The value of diphtheria immunisation is therefore proved to the hilt and very careful thought should be taken before doing anything which may reduce the number of children immunised.

During the early months of 1950 reports appeared in the medical press which showed that there was a rare but statistically significant relationship between diphtheria immunisation and poliomyelitis in the inoculated limb and the drop in immunisations was the result. The poliomyelitis which develops is not due to the virus being introduced into the body with the immunisation, but to the tissues being rendered susceptible, as a result of the small degree of injury accompanying the immunisation, to the action of poliomyelitis virus already present in the body, so that clinical symptoms develop in a case which probably would otherwise have been one of the 99 symptomless cases which occur for each clinical one. The same tendency for clinical poliomyelitis to develop occurs following other injections, and is also seen following injury and even exertion, but it is possibly most noticeable in the case of diphtheria immunisation because this is an extremely common procedure and one carried out on the age groups susceptible to poliomyelitis.

Before these reports of the association between immunisation and poliomyelitis appeared, it would have been well if their authors had considered whether the harm to the community as a result of the decrease in the number of immunisations did not outweigh the advantage as a result of the reduction in the number of cases of poliomyelitis. What is wanted is a statistical investigation to show whether the possibility of death or disablement through poliomyelitis in the immunised is greater than the possibility of death or disablement through diphtheria in the unimmunised. When one considers the reduction in diphtheria cases from 55,000 to 4,971 and in deaths from 2,800 to 85 which has resulted following the diphtheria immunisation campaign in relation to the handful of cases of poliomyelitis with, because of their site, hardly any deaths, that follow immunisation, there can be very little doubt that it would be shown that our timidity has been entirely unjustified.

National Assistance Act 1948

Section 47 - Removal to suitable premises of persons in need of care and attention. No action has been taken by the Council under this Section.

Section F. Prevalence of, and Control over, Infectious and other Diseases

Final numbers according to Sex and Age after Corrections of Cases of Infectious and other notifiable Diseases notified during the year ended 31st December, 1950.

	Scarlet fever			Whooping cough		
	M	F	Total	M	F	Total
Under 1 year				1		1
1 - 2 years	1		1	1	1	2
3 - 4 years	4	2	6	4	1	5
5 - 9 years	7	4	11	1		1
10 - 14 years						
15 - 24 years						
25 and over	1	1	2			
Age unknown						
Total (All ages)	13	7	20	7	2	9

	Acute Poliomyelitis Paralytic			Acute Poliomyelitis Non paralytic			Measles		
	M	F	Total	M	F	Total	M	F	Total
Under 1 year									
1 - 2 years								1	1
3 - 4 years	1		1				1		1
5 - 9 years							1	1	2
10 - 14 years				1		1			
15 - 24 years									
25 and over		1	1						
Age unknown									
Total (All ages)	1	1	2	1		1	2	2	4

	Acute Pneumonia			Dysentery			Acute encephalitis Infective		
	M	F	Total	M	F	Total	M	F	Total
Under 5 years		1	1						
5 - 14 years									
15 - 44 years				1		1		1	1
45 - 64 years		1	1						
65 and over									
Age unknown									
Total (All ages)		2	2	1		1		1	1

	Erysipelas			Meningococcal infection		
	M	F	Total	M	F	Total
Under 5 years						
5 - 14 years						
15 - 44 years				1		1
45 - 64 years	1		1			
65 and over						
Age unknown						
Total (All ages)	1		1	1		1

Puerperal pyrexia
Female
1

Infectious Diseases

I am not in a position to comment on the cases of poliomyelitis, encephalitis, meningitis, or puerperal pyrexia as these occurred before I took up office on 1st October 1950. The cases of scarlet fever, measles, pneumonia, dysentery, and erysipelas require no comment. Andover's whooping cough notification experience for 1950 (9 cases representing a rate of 0.60 per 1000 as compared with that for England and Wales of 3.60 per 1000) has been very fortunate but it may be pointed out that even these 9 cases have been accompanied by 1 death.

Whooping cough is by far the most serious of the common infections of childhood at the present time. All infections follow waves of virulence and the virulence of scarlet fever is at present no more than that of measles, or possibly even less. Whooping cough therefore stands out above all others, and it is good news that a recent statistical investigation* has disclosed that immunisation against whooping cough is of real value. Over a two to three year period of observation 149 of the 3801 vaccinated children developed whooping cough whereas 687 of the 3757 unvaccinated children developed whooping cough, giving attack rates per 1000 child months of 1.45 and 6.72 respectively and a reduction in the incidence of the disease of 78%. Among children exposed to whooping cough in their own homes the attack rates were 18.2% in the vaccinated and 87.3% in the unvaccinated groups. The cases that occurred in the vaccinated were on the average less severe and of shorter duration than those in the unvaccinated children. Five vaccines were tested, of which much the most effective were two prepared by the Michigan Department of Health, but the other three were also of value. Further comparative investigations are now being made, but it is hoped that it will soon be possible to undertake a campaign similar to that already undertaken for diphtheria immunisation, and that the Public Health Service will be able to take the same part in the second campaign as it has done in the first.

* British Medical Journal 1951 I 1463.

TUBERCULOSIS

Age Periods	New Cases						Deaths					
	Respiratory			Non Respiratory			Respiratory			Non Respiratory		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0-												
1-					1	1						
5-	1		1									
15-	3	2	5					1	1			
25-	4	2	6									
35-	2		2									
45-												
55-					1	1	1		1			
65 and upwards												
Total	10	4	14		2	2	1	1	2			

Number of cases on the Tuberculosis Register on 31st December, 1950.

(31st December 1949 in brackets)

	Male		Female		Total	
Respiratory	40	(31)	18	(15)	58	(46)
Non Respiratory	7	(7)	9	(7)	16	(14)
Total	47	(38)	27	(22)	74	(60)

Tuberculosis

The increase in the number of cases on the Tuberculosis Register should not be taken too seriously. The Tuberculosis Register is the most difficult to maintain accurate of the records which have to be kept by the Medical Officer of Health and the increase is as likely to be due to old cases not previously included in the Register as to new cases.

At this point however it is appropriate to discuss the question of vaccination against tuberculosis, and it is hoped that the following story will be of interest.*

At a girls' school in Copenhagen a case of pulmonary tuberculosis was discovered among the pupils in October 1941. This led to a careful examination of all the pupils and the educational staff, with the disclosure on tuberculin tests of 200 non-reactors among the pupils. Of these 144 volunteered for B.C.G. vaccination. At a new compulsory examination of the whole school in December 1942 the finding was 130 spontaneously tuberculin-positive, 133 tuberculin-positive after B.C.G. inoculation, and 105 tuberculin-negative (mainly newly admitted pupils).

In January - February 1943 there broke out at the school an influenza-like epidemic which closer examination showed to be due to another tuberculous infection. The infection originated from a female teacher who taught in several forms. It was found that among 94 tuberculin-negative pupils 41 had developed pulmonary tuberculosis and one of these subsequently died. Among 106 B.C.G. vaccinated who had been exposed to infection there were two cases of pulmonary tuberculosis with no deaths, and among 105 originally tuberculin-positive there were four cases (only two of whom were considered to be connected with the infection at the school) with no deaths. Let us see this in tabular form.

	Number of children	Cases	Deaths
Tuberculin-negative	94	41	1
B.C.G. vaccinated	106	2	0
Tuberculin-positive	105	2	0

Although this work only records a number of cases of tuberculosis at a school the whole is as clear and unmistakeable as if it had been a question of a well planned laboratory experiment on hundreds of guinea pigs.

Many similar examples could be quoted but that one is obviously enough. The death rate from tuberculosis in Scandinavia, where B.C.G. vaccination has been carried out for 20 years is only half of what it is in this country, children's sanatoria are closed for lack of patients, and tuberculous meningitis, the chief killing form of tuberculosis in children has disappeared. Yet here, in spite of 20 years Scandinavian experience, we are experimenting with the administration of B.C.G. vaccine to medical students, nurses, and tuberculin-negative contacts of cases of tuberculosis only. What is wanted in this case also is a campaign similar to that already undertaken for diphtheria immunisation, and again it is hoped that the Public Health Service will be able to take the same part in this campaign as it has done in that for diphtheria immunisation.

Food Poisoning Outbreaks

No outbreaks of food poisoning occurred during 1950.

Clean Food Campaigns

No Clean Food Campaigns were undertaken during 1950.

---

* British Medical Journal 1948 I 1129.

ENVIRONMENTAL HYGIENE

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR

INSPECTIONS

The following table shows the number and nature of the inspections carried out during the year:-

Houses (H.A. 1936)	141
Houses (P.H.A. 1936)	179
Houses (Defence Regulations 68A.A.)	6
Overcrowding	23
Works in progress	32
Drains and Sanitary Fittings	146
Building Licensing	11
Water Supplies	63
Slaughterhouses	351
Knackers Yards	23
Dairies	96
Pasteurising Plants	173
Ice-cream Premises	83
Food Premises	237
Public Houses	18
Bakehouses	30
Factories	74
Shops	80
Watercress Beds	17
Swimming Pools	19
Moveable Dwellings	122
Dustbins	108
Nuisances from:-	
Refuse	12
Smells	8
Smoke	21
Noise	1
Animals	6
Rats	29
Flies	3
Rubbish	8
Wasps	8
Infested Premises:-	
Ants	4
Bugs	7
Fleas	13
Cockroaches	11
Infectious Diseases	8
Disinfections	6
Total	2132

NOTICES SERVED

1. Informal Notices

Housing Defects	39
Defective Sanitary Accommodation	7
Drains and Sanitary Fittings	15
Defective Gutters	5
Dustbins	18
	84

2. Defects remedied after service of Informal Notices.

Housing defects	15
Defective sanitary accommodation	3
Drains and Sanitary Fittings	7
Defective gutters	5
Dustbins	9
	39

3. Statutory Notices.

Housing defects (H.A. 1936)	3
Defective sanitary accommodation	1
Dustbins (P.H.A. 1936)	2
	6

4. Statutory Notices complied with.

Housing defects	1
Defective sanitary accommodation	1
Dustbins	2
	4

HOUSING

Statutory Action under the Housing Act, 1936-49.

Repairs (Section 9)

It will be seen that three Statutory Notices to remedy defects were served, one of which was complied with. In the remaining two cases it was found necessary to carry out the work in default.

Regarding the repair of houses it must be said that factors such as Rent Control and supplies of labour and materials seriously affect the position.

Rent Control must continue to prevent undue rises caused by housing shortages and this view was endorsed by the Ridley Committee set up by the Government.

The Sanitary Inspectors' Association, when giving evidence before this Committee advocated that the 10,500,000 houses subject to the Rent Acts at the outbreak of war should be classified into three grades according to fitness, and that increases in the standard rents of a 100% and 50% should be permitted on houses which were in all respects fit for habitation, and those which were unfit but capable of being made fit, respectively; houses incapable of being rendered fit would not qualify for any increases.

These arrangements would benefit both owner and tenant but unfortunately the suggestions were not adopted by the Committee.

An important recommendation was, however, made by this Committee, that both old and new controlled rents should be subject to deduction of 30% on production of a certificate of disrepair from the Sanitary Authority.

The shortage of labour and materials is a retarding factor to housing progress and it is apparent that any general programme of widespread repair and/or reconditioning would draw heavily on the already inadequate supply for demands of new house building.

No applications were received under the Rent and Mortgage Restriction Acts for certificates regarding the state of repairs of dwellinghouses.

Demolition (Section 11)

No. 42, High Street became vacant during the year and was demolished under a Demolition Order made in 1949.

Satisfactory undertakings were not forthcoming in respect of Nos. 58 and 60, Chantry Street, and the Health and Planning Committee resolved that Demolition Orders be served. No. 60, Chantry Street is occupied under overcrowded conditions and a recommendation was made to the Housing Committee regarding the rehousing of this family.

Nos. 68 and 69, Charlton, in respect of which Demolition Orders were made during 1949, became vacant during the year and demolition will be enforced.

Defence Regulations 68 A.A.

Defence Regulations 68 A.A. provide for the licensing of houses which are subject to Demolition or Clearance Orders and are rendered reasonably capable of being used as a temporary measure for housing purposes. The licences are granted for periods of not more than six months and can be revoked by the Council at their discretion by means of a notice. Primarily a wartime measure to deal with persons deprived of homes through enemy action it still serves a useful purpose.

The following houses are at present licensed by the Council:-

(i) Clearance Areas

London Street Clearance Area No. 1.

7 houses - Nos. 69 - 81, London Street.

Winchester Street Clearance Area No. 1.

4 houses - Nos. 49 - 55, Winchester Street.

(ii) Individual Demolition Orders and houses in respect of which Undertakings were given not to use for habitation.

4 houses - Nos. 1 - 4, Fouthrops Yard.
2 houses - Nos. 55 - 57, Vigo Road.

In June of this year the Committee recommended the renewal of the licences in respect of the premises abovementioned, with the exception of Nos. 49 to 55, Winchester Street, for a further period of six months expiring on the 31st. December, 1950 and that the Housing Committee be asked to consider the possibility of rehousing the tenants of the premises in houses or flats as soon as possible, as the Committee were of the opinion that the continued application of the provisions of the regulations to these dwellings for an extended period is undesirable.

Almshouses, Marlborough Street.

I regret to report that no progress has been made with the scheme to recondition these cottages chiefly because of lack of funds.

OVERCROWDING AND ALLOCATION OF COUNCIL HOUSES

Overcrowding due to the acute housing shortage is still serious and 23 cases were investigated during the year. Ten reports on bad housing conditions were submitted to the Housing Officer in support of applications for Council houses. Co-Operation exists between the Health and Housing Departments, and the Housing Officer, Mr. R.B. Gillett, has kindly supplied the following figures:-

The number of names on the housing application list is as follows:-

Householders	- 68
Living and working out of Andover (No previous residence in Borough)	- 19
Applications received less than twelve months ago	- 149
Aged persons applications	- 39
	275

Applications on current list:

No children - 85		
With children - 85		- 170
	TOTAL	- 445

PROVISION OF DUSTBINS

It will be seen from the above figures that 18 Informal Notices were served to provide dustbins. These notices were served on owners and nine dustbins were provided as the result.

Five Statutory Notices were served on owners as the result of failure to comply with Informal Notices and three dustbins were provided by the Council in default and the cost recovered.

An appeal lodged by the owner of a large number of houses in respect of one Statutory Notice was heard by the Borough Magistrates on the 20th February and dismissed.

The owner appealed to Quarter Sessions against the decision of the Borough Magistrates and this case was dealt with on the 2nd May, when the appeal was allowed and the Notice served on the owner by the Council squashed.

This decision further complicated the position regarding the service of Notices for the supply of dustbins and the Health and Planning Committee gave further consideration to the matter and recommended that the Highways and Works Committee be requested to devise a scheme under the provisions of the Local Authority (Charges for Dustbins) Order, 1949, whereby the Council provides and maintains dustbins, such scheme to become operative on the 1st. April, 1951.

The Highways and Works Committee considered the matter but did not feel justified in devising a scheme as suggested and the unsatisfactory position still remains.

COMPLAINTS

All complaints are given immediate attention and a great deal of time is taken up in making investigations and carrying out inspections.

Complaints were received from residents at Charlton and Foxcotte regarding a nuisance created by the dumping of refuse in the Foxcotte Gravel Pits and particularly the tipping and firing of sawdust and wood chippings.

These pits are situated in the valley partly within the Borough and partly within the Andover Rural District.

The Health and Planning Committee gave this matter consideration and recommended that a conference with representatives of the Andover Rural District Council should be arranged with a view to combined action being taken for the abatement of the nuisance and I will deal with this in my report for 1951.

The following is a list of the complaints received during the year and gives a good idea of the variety and amount of work involved:-

Blocked drains	22
Housing defects	18
Defective dustbins	2
Offensive accummulations	4
Defective drains and closets	11
Nuisances:-	
Smells	2
Noise	1
Birds	1
Smoke	3
Infestations:-	
Cockroaches	5
Ants	5
Flies	1
Fleas	2
Wasps	1
Rats	4
State of road	1
TOTAL number of complaints received:-	83

SANITATION

It will be seen from the General Statistics that there are 3,929 inhabited properties within the Borough. A total of 348 houses are not connected to the main sewerage system and of these 151 are provided with drainage to a cesspool or septic tank, 183 have pail closets and 14 chemical closets.

The increase on the 1949 figures in the number of properties connected to a cesspool or septic tank is accounted for by the erection of new houses in unsewered parts of the Borough.

One pail closet was converted to a water closet but nine properties in the Town Area with pail closets remain to be dealt with and it will be difficult to eliminate these unless the Council are prepared to carry out the work under the provision of Section 47 of the Public Health Act, 1936 and provide half the expenses.

I repeat my statement made in the reports for 1948 and 1949 that proof of a nuisance can always be established in relation to an uncovered pail closet and its abolition should be the immediate aim of any Local Authority in the interests of Public Health.

The clearing of blocked drains is treated as a public health service and these are cleared forthwith by the Sanitary Inspector's Department without charge. Repairs and improvements to drains and sanitary fittings were effected at 25 premises and 80 hydraulic and smoke tests were applied in connection with this work.

There is still urgent need for additional public sanitary conveniences in the Town and for the improvement of existing arrangements by the provision of proper washing facilities to meet present day requirements. This also applies to the public Parks and Cricket Ground.

I am pleased to report that the three obsolete and unsanitary waste water closets remaining in the Borough were eliminated during the year and proper washdown closets with approved flushing apparatus provided.

Referring to my report of 1949 regarding the lack of adequate sanitary arrangements at the Drill Hall, where the conditions became appalling when the premises were in use for public entertainment, I am pleased to report that a new block of sanitary conveniences has now been erected which provides adequate accommodation for both sexes. The heating and catering facilities have also been improved.

The extension of the sewer at Charlton village is still an urgent matter and should receive further consideration by the Highways and Works Committee.

DISINFECTION AND DISINFESTATION

The Borough is still without a steam disinfector but arrangements have been made for articles requiring steam disinfection to be dealt with at the Victoria Isolation Hospital, Winchester at an agreed charge.

Disinfection of six premises was carried out after infectious disease.

Disinfestation of seven premises found to be infested with bugs, one being a Council house, was carried out during the year, also disinfestation work was carried out at thirteen houses found to be infested with fleas and at eleven houses where cockroaches were causing a nuisance, a liquid insecticide being used in each case.

Nuisance from ants entering houses was dealt with on four occasions by the use of liquid and powder insecticide

The mass invasion of dwelling houses by cluster flies during 1949 was fortunately not repeated this year and only three complaints of nuisance from house flies were dealt with during the season. Eight wasps nests were destroyed at the request of householders.

MOVEABLE DWELLINGS

One licensed site for two caravans at the Acre Iron Works continued in use as such during the year.

A site at Harewood Garage, London Road is used for occasional camping by Caravan Club members and the owner has indicated that he will be making application for a licence to use the site for permanent camping.

Applications for individual licences were granted in respect of eleven dwellings for a period of six months and in respect of one dwelling for twelve months.

Two applications for dwelling licences were refused and an appeal entered against the refusal of one application was subsequently withdrawn.

An application received in respect of a site for moveable dwellings at Shepherds Spring was refused and an appeal entered against the refusal but this appeal had not been heard by the end of the year.

Proceedings under the Public Health Act, 1936.

Proceedings were instituted against the owners of two unlicensed sites at "Springfield", Enham Arch, New Street, where seventeen dwellings comprising tents, glider bodies, bus bodies and gypsy caravans are stationed and occupied by twenty-eight adults and nineteen children.

The case against the owner of one of these unlicensed sites was heard on the 25th September. The case was proved and a fine of £1 imposed. In addition to the fine the Justices ordered the site to be cleared by the 31st. December, 1950 failing which a continuing penalty of £2 per day would be imposed.

The site was still occupied at the end of the year and subsequent action will be included in my report for 1951.

The case against the owner of the other site was adjourned and had not been heard by the end of the year and this will also be included in my report for 1951.

The problem of finding an alternative site for these people was considered by the Health and Planning Committee when I was instructed to investigate with the Borough Surveyor and make a joint report.

The control of moveable dwellings and sites for moveable dwellings continues to be a severe problem in the Borough which, as far as the lower class of habitation is concerned, cannot be solved satisfactorily by action under the existing legislation.

SMOKE ABATEMENT

Only three complaints of nuisances from smoke and grit were received during the year and these were in respect of a dairy boiler stack in the Town Centre. The cause was found to be mainly due to the use of unsuitable fuel supplied and the owner has been advised to investigate the possibility of installing oil fuel burning apparatus.

An Abatement Notice served at the end of 1949 in respect of a nuisance from a Cinema heating boiler resulted in the abatement of the nuisance.

WATER SUPPLIES

Public Supply

The Public Supply is derived from the borehole at the Council's Smannel Road Waterworks, and pumped to a covered reservoir of 500,000 gallons capacity at Bere Hill. The supply is continuous and no shortage has been experienced during the year.

The Borough Surveyor, who is the Council's Water Engineer, submits regular monthly samples to the Public Health Laboratory, Winchester, for bacteriological examination. These samples are taken from the borehole, the reservoir and from various points on the system and very satisfactory reports have been received in each case. The supply is chemically treated by chloramine process and frequent chlorine residual tests are made. Proposals have been approved by the Ministry of Health for the development of this source and an additional borehole was constructed during 1948.

Private Supplies

A total of 279 dwelling houses within the Borough are not connected to the Public Supply. A total of 40 samples from the source of supply to these houses were taken during the year and submitted for bacteriological examination to the Public Health Laboratory, Winchester.

There are five privately owned piped supplies in the Borough as follows:-

1. Enham-Alamein Village. (Rehabilitation Centre)

Supplying 129 houses, a factory, a bakehouse and two dairy farms.

The source of this supply is a bore of approximately 160' depth, about twenty years old, driven into the chalk beds, the water being raised by an electrically driven pump to a reservoir at Upper Enham. The supply is continuous and no shortage occurred during the year, but the absence of duplicate pumps constitutes a danger should prolonged repairs become necessary.

The supply is chlorinated by means of a Wallace & Tiernan Chlorometer fitted in the pumphouse. 12 samples were taken for bacteriological examination during the year, 9 from the pump delivery at the reservoir and 3 from various points on the system all of which proved satisfactory. Chlorine residual tests are taken at frequent intervals.

The Ministry of Health has approved a proposal for the construction of mains connecting the town water supply to this village and the mains and services forming part of the private supply will be acquired and used. Sanction to proceed with the scheme by direct labour has been received from the Ministry of Health and main laying is in progress which should be completed early in 1951.

2. W.A. Motley Esq., Harewood Farm, Andover Down.

Formerly under the control of A. Ponting Esq., Andover Down Farm, and supplying sixteen houses, a garage, a turkey farm, and one dairy farm at Andover Down.

The source of this supply is a bore of 200 feet depth, the water being lifted by a petrol motor-driven pump to a raised tank of 20,000 gallons capacity. The supply is continuous but a shortage was experienced for several days during pump repairs. The absence of duplicate pumps constitutes a danger should prolonged repairs become necessary.

Quarterly samples of water are taken from the pump delivery and submitted for bacteriological examination, all of which were reported upon as being satisfactory.

3. C.F. Hunt Esq., Manor Farm, Knights Enham.

Supplying nine houses and a farm at Knights Enham.

The source of this supply is a bore of 75' depth with modern electrically driven pump and automatic pressure system. The pumps are not in duplicate but no shortage occurred during the year. There is an alternative supply within 100 yards which supplies a reservoir for farm purposes and two farm cottages.

Quarterly samples were taken and submitted for bacteriological examination one of which was reported upon as being slightly polluted. This hamlet is en route to Enham-Alamein and provision has been made for the main supply to be linked up when the Enham-Alamein scheme is completed early in 1951.

4. Marchment & Sons, Charlton. (Farm at Foxcotte)

Supplying three houses and a dairy farm at Foxcotte.

The source of this supply is a shallow well, the water being raised by an electric pump to storage tanks in the roof of the houses and dairy farm buildings. This supply is polluted and the necessary notices served during 1948 regarding the treatment of the water before being used for drinking and dairy purposes are still observed. As indicated in my previous report, agreement was reached with the Agricultural Executive Committee and the Council for the provision of a main supply, and it was hoped that this would be available during 1950. The necessary materials are on the site and the main supply should be connected early in 1951.

5. Burfoot & Loveridge, Woodhouse.

Supplying three houses and a bakehouse at Woodhouse.

The source of this supply is a bore of 150' depth, the water being raised by an electrically driven pump with automatic switchgear to a storage tank. Quarterly samples were submitted for bacteriological examination all of which were reported upon as being very satisfactory.

Shallow Wells and Bores. (Other than Private Supplies above)

A total of 120 dwelling houses within the Borough derive a supply of water for domestic purposes from shallow wells and bores, the water being raised by means of bucket and windlass in most cases, and by hand pumping in the remainder. The structure of wells is generally of a low standard and in some cases dangerous, but it is difficult to deal with danger under existing legislation unless the water in the well is polluted and I repeat that amendment to the Public Health Act to cover this matter is long overdue.

Sixteen samples of water were taken as the result of complaints and submitted for bacteriological examination. One sample taken from the well at "Redroofs", Woodhouse was reported upon as being polluted and the necessary notice was served regarding the treatment of the water. The water is raised by bucket and windlass and the owner has placed an order for improvements to the well and the fitting of an electric pump to raise the water to storage in the house and further samples will be taken when this work is completed early in 1951.

An extension of the main to serve the southern end of Pickett Twenty is an urgent matter and negotiations are still in progress in an endeavour to obtain the necessary contributions from the various owners. There are ten properties in this area, two of which are without a supply of water.

Supplies to Dairies and Dairy Farms.

The duty of ensuring that dairy farm premises are provided with a supply of water suitable and sufficient for the requirements of the Milk and Dairies Regulations passed to the Ministry of Agriculture and Fisheries on October 1st. 1949. This is to be regretted but co-operation with the Council will be necessary particularly where dwelling houses are supplied from the same source.

One dairy pasteurising milk derives its water supply from a bore on the premises and quarterly samples taken and submitted for bacteriological examination proved very satisfactory.

SWIMMING POOLS AND HOT BATHS

Borough Swimming Pool

The Borough Swimming Pool, opened in 1937 and situated in the Walled Meadow, is 75 feet by 30 feet wide. The depth varies from 3 feet at the shallow end to 8 feet at the deepest. The pool is in charge of a fully qualified superintendent and his wife, Mr. and Mrs. Hughes. Mrs. Hughes is a qualified nurse and is in constant attendance during the season. Two attendants are also employed and hygienic conditions are well maintained.

Special attention is given to the purity of the water which is continually circulating at the rate of 13,800 gallons per hour, filtered and chlorinated. Chlorine residual tests are carried out daily and frequent samples taken by the Sanitary Inspector's Department during the swimming season all proved satisfactory. Reports on all samples are posted on the notice board at the pool and are noted with interest by the public.

A hot bath service is maintained throughout the year in the buildings attached to the pool. Very great credit is due to the Superintendent and his wife for the very excellent manner in which the pool is managed and I am indebted to them for supplying the following statistics for the year:-

Bathers	-	22,738
Spectators	-	2,804
Schoolchildren	-	5,429
Hot bath Patrons	-	2,182
		33,153

Andover Grammar School Pool.

This pool, used by scholars and "Old Hansonians" is under the control of the County Education Authority and has a capacity of 63,000. Mechanical circulation, filtration and chlorination is not installed. The water is changed every three or four weeks according to weather conditions and use of the pool. The underwater surfaces are cleaned by special cleaning equipment to prevent growth of algae.

The water is chlorinated by hand dosing at the rate of ¾ to 1 gallon per day according to the use of the pool which is supervised by a master, Mr. H.C. Phillips, who is responsible for the chemical treatment. The County Education Authority have not yet taken steps to ensure that a proper filtration and chlorination plant is installed comparable with the Municipal Installation. Regular samples are taken by the Sanitary Inspector's Department during the swimming season and three proved to be unsatisfactory but an improvement was affected by the Borough Surveyor kindly allowing the use of the Council's portable chlorinator during the remainder of the season.

Private Swimming Pools.

There are three pools in use within the Borough constructed in the grounds of private dwelling houses and used solely by the occupants and their friends.

These pools are filled from the public mains and chlorination is by hand dosing.

WATERCRESS BEDS

Watercress growing is looked upon as one of the industries of Andover and a fair number of persons of both sexes find regular and seasonal employment in its various branches.

The groups of beds in the Borough of Andover cover an area of approximately 12 acres and the produce finds its way to most of the large markets by rail and road.

The water supply from the chalk formations in this area is favourable for watercress growing and is derived mainly from artesian bores and natural springs.

Regular inspections of watercress beds are made to ensure that they are properly protected from pollution and samples of water taken and submitted for bacteriological examination. The standard of purity of the water aimed at is not less than that of drinking water.

Thirty-five samples of water were taken from watercress beds during the year. Twenty of these samples reported upon as polluted were taken from the beds in Charlton Road referred to on pages 12 and 13 of my report for 1949. These beds are still not in use and I am against them being put into use again having regard to the situation and the infiltration of surface water, also the presence of shallow springs near the highway.

The Council are faced with a claim for loss of use of the beds from June, 1949 and the matter is at present in the hands of the Insurance Company.

There is urgent need for a legal standard of purity for water supplying watercress beds, and for water used for washing cress, also an interpretation of the wording "preparation of food or drink for human consumption" in Section 140 of the Public Health Act, 1936, so as to include food which is grown and washed in water.

MILK SUPPLY

As indicated in my report for 1949 the Borough Council are now chiefly concerned with the distribution of milk and the inspection of premises other than dairy farms.

There are six persons registered as distributors of milk and six premises registered as dairies.

The County Council delegated its powers in respect of the licensing and supervision of pasteurising plants to the Borough Council and licences issued under the Milk (Special Designation)(Pasteurised and Sterilised Milk) Regulations, 1949 are as follows:-

Dealers (Pasteurisers) Licences - 3
Dealers Pasteurised Milk Licences - 1

Licences issued under the Milk (Special Designation) (Raw Milk) Regulations, 1949 are as follows:-

Dealers Tuberculin Tested Licences - 3

Pasteurising Plants

There are three milk pasteurising plants in operation within the Borough, one new plant of the holder type coming into operation in April of this year, the other two plants being high temperature short time installations. The following short description of these plants may be of interest:-

Lovell's Dairy.

This plant comprises a 440 gallon per hour capacity Graham Enoch pasteurising and cooling unit. The capacity of this unit can be increased by the addition of sections. Milk is unloaded at an elevated receiving platform where churns are checked and the milk tipped into a receiving tank from which it is pumped to the pasteurising and cooling unit.

The milk is preheated by heat exchange and filtered before being raised to 161°F.

A recording thermometer is fitted in conjunction with an automatic flow diversion device which gives automatic recording of temperature and diversion of milk falling below 161°F. and the temperature is controlled by an air-relay type proportional controller which maintains the hot circulating water at a steady temperature according to the setting of the instruments.

The milk passes over the heating section which ensures a holding period of 15 seconds and thence to the lower cooling section which reduces the milk to 40°F. by heat exchange and direct expansion refrigeration. The processed milk than passes by gravitation to a balance tank feeding an U.D.E.C. rotary bottle filler and automatic aluminium foil capper. Dirty bottles are fed by conveyor belt to an U.D.E.C. bottle washing machine and thence to the bottle filler and capper. Filled bottles are placed in crates and stored in a cold room at 40°F. until delivery.

Churns are cleansed in an automatic rotary churn washer which gives satisfactory results.

The water supply for this dairy is obtained from a borehole on the premises and quarterly samples submitted to the Public Health Laboratory were all reported upon as being very satisfactory.

Andover Co-Operative Society Ltd.

The plant was installed during 1948 to replace an obsolete Holder type and comprises a raw milk receiving tank from which the milk is pumped through a balancing tank with float control to an A.P.V. 200 gallons per hour capacity plate heat exchanger for pasteurisation by the high temperature short time process and cooling by brine. Holding time is controlled by an A.P.V. milk flow controller and the temperature by an air-relay type proportional controller, its function being to maintain the hot circulating water at a steady temperature according to the setting of the instruments. The processed milk is delivered to an enclosed elevated storage tank which feeds the bottle filling machine by gravitation. Indicating thermometers are fitted on all inlets and outlets.

A recording thermometer is fitted in conjunction with flow diversion mechanism which ensures the automatic recording of temperature and the automatic diversion of any milk falling below 161°F. Diversions or failures of automatic safeguards are also shown on the chart.

A new Dawson bottle washing machine was installed in September, 1949, and is working satisfactorily. Cleansed bottles are discharged from this machine and delivered by conveyor to an "Albro" rotary bottle filler and capper. Filled bottles are transferred to crates and stored in a cold room at 40°F. until delivery.

Apparatus, utensils and churns are cleansed in hot detergent solution and finally steam sterilised.

Andover Creameries Ltd.

The plant installed at the Andover Creameries Ltd., dairy is of the Holder Type constructed of stainless steel and the following is a short description of the layout and process:-

The churns of raw milk are off-loaded on to a covered platform and tipped into a milk receiving tank (a milk weighing machine will be fitted at this point when delivered).

The milk then passes by gravity through a milk float control to a Clayton dual hot water jacketed "PREHET.." which heats the milk in two stages to the pasteurising temperature and also filters the milk. A recording thermometer is fitted to record the temperature at this stage. From the preheater the milk passes to a four compartment Clayton "Clover Leaf" Pasteuriser each being hot water jacketed and the milk agitated by mechanical agitators whilst being held.

The inlet distributor and the outlet control cock are operated by a single electric motor driven shaft so arranged to revolve one revolution per hour so that the timing and the discharge period are automatically timed through worm and worm wheel gearing which cannot alter. A recording thermometer is fitted to record the temperature on discharge from each compartment. From the pasteuriser the milk is pumped to a cooler fitted on the platform above the cold room and thence by gravity to a milk storage tank and finally to a "Swift" bottle filling and aluminum capping unit.

A recording thermometer is fitted to record the temperature on discharge from the cooler. Indicating thermometers are fitted where required in addition to the three recording thermometers mentioned.

Bottle washing is carried out by the old machine (delivery of a new machine is awaited) in a separate department and clean bottles and crates are fed to the filling and capping unit through the partition by conveyor.

The finished bottled milk is stored in a cold room at 40°F. until delivery.

In addition to the milk processing equipment described a rotary churn washer and churn drainer is fitted on the loading platform also a combined washup trough and pipe sterilizer. There is of course the usual refrigerating plant and steam boiler installation to deal with the heating and cooling of milk and the sterilisation of apparatus.

MILK SAMPLING

Tuberculin Tested Milk

Four samples of bottled Tuberculin Tested milk were taken for bacteriological examination during the year and satisfied the official test.

Pasteurised Milk

A total of one hundred and sixty-four samples were taken from plants during the year all of which satisfied both the Phosphatase and Methylene Blue tests except two samples which failed the phosphatase test.

Ungraded Milk

A bacteriological standard for Ungraded Milk does not exist but samples are taken for the Methylene Blue Test and for the presence of coliform bacilli as a check. Samples are taken and subjected to the Guinea Pig Test for the presence of Tubercle Bacilli and none of these gave a positive result.

MILK BOTTLE CLEANSING

One hundred and twenty-two bottles were taken during the year for bacteriological examination, eighty-five of which proved satisfactory, thirty fairly satisfactory and seven unsatisfactory. In the case of unsatisfactory results the method of cleansing is checked and advice given. Bad results are generally found to be due to the use of detergents at insufficient strength and temperature, and failure, in the case of hand-washing, to give a final rinse in running water of a good bacteriological standard.

No official bacteriological standard exists for milk containers but the provisional classification suggested by the Director of the Public Health Laboratory at Winchester is recognised.

The provisional classification for milk bottles is as follows:-

Mean Bottle Count, reckoned as per pint bottle	
Not more than 600	- Satisfactory.
Over 600 but less than 2,000	- Fairly satisfactory.
Over 2,000	- Unsatisfactory.

MANUFACTURE AND SALE OF ICE-CREAM

The manufacture, storage and sale of ice-cream is controlled by the Registration of premises under Section 14 of the Food and Drugs Act, 1938, and also by the provisions of the Ice-cream (Heat Treatment etc.) Regulations, 1947, and deals with heat treatment, cooling and storage and the protection of the ice-cream from contamination.

Three premises within the Borough are registered under the Food and Drugs Act, 1938, for the manufacture of ice-cream.

Twenty-six premises are registered for the storage and sale of ice-cream and in addition to the ice-cream manufacture within the Borough the product of no fewer than ten factories situated outside the Borough is sold on these premises. Ice-cream is also being sold at most restaurants, cinemas and canteens, which premises do not require to be registered under the provisions of the Act.

Frequent inspections are made of all premises, whether registered or not, in order to ascertain that hygienic conditions are maintained and the legal requirements as to temperature are observed.

Notices reminding persons to keep their hands clean and particularly to always wash their hands after using the sanitary conveniences, are posted in suitable positions on all premises.

There is no legal standard laid down as respects the bacteriological purity of ice-cream but a form of methylene blue reduction test is adapted for testing and used as a basis for defining four grades of bacteriological cleanliness. It is suggested that if, out of the four grades recommended, ice-cream consistantly fails to reach grades one and two, it would be reasonable to regard this as indicating defects of manufacture or of handling which call for further investigation.

One hundred and seventeen samples of ice-cream were submitted for bacteriological examination by the methylene blue reduction test at the Public Health Laboratory, Winchester, with the result that:-

88 samples were placed in Provisional Grade 1.
13 samples were placed in Provisional Grade 2.
9 samples were placed in Provisional Grade 3.
7 samples were placed in Provisional Grade 4.

It can be said that the test still proves to be very useful and improvements have resulted from advisory work on premises where samples have failed to reach Grade 1. and 2.

THE PREPARATION OR MANUFACTURE OF SAUSAGES OR POTTED, PRESSED, PICKLED OR PRESERVED FOOD

Control of premises used for the above purposes is by Registration under Section 14 of the Food and Drugs Act, 1938, and also by Parts V and VI of the Public Health (Meat) Regulations, 1924.

A total of 16 premises in the Borough are Registered under the Act, including 11 for the manufacture of sausages, two for the manufacture of pies, two for fish frying, and one for the manufacture of pickles.

Frequent visits are made to these premises and improvements have been carried out at several premises as the result of advice given.

Notices reminding persons to keep their hands clean and particularly to always wash their hands after using a sanitary convenience, are posted in suitable positions on all premises.

MARKET STALLS AND STREET FOOD TRADERS

The Saturday Market which was temporarily removed under emergency regulations and restored to the High Street during 1948 continues to expand but fortunately, food traders, other than greengrocers and fruiterers, have not re-established themselves.

There is need for improvement and control of this market particularly from the litter angle and the dumping of produce on the highway.

There is a need for washing facilities at the Guildhall conveniences for men which could be used by street traders.

The Council have adopted Byelaws with respect to the handling, wrapping, etc., of food, and the sale of food in the open air and these came into force on the 8th August.

CLEAN FOOD CAMPAIGN

No special campaign has been undertaken in this respect but particular attention has been paid to manufacturing premises and the display and handling of cooked food. Notices reminding persons to keep their hands clean and particularly to always wash their hands after using a sanitary convenience

Proper and frequent inspections of food premises and a direct approach to the food handler is the real answer to the problems. The adoption of the Byelaws referred to above will help considerable in the campaign to improve hygienic conditions in the food trades, but some difficulty will still be encountered in towns such as Andover where the sale of foodstuffs in an open market is permitted and encouraged.

MEAT AND FOOD INSPECTION

Home Killed Meat

Slaughtering continued to be carried out at the Andover Co-Operative Society slaughterhouse, Southend Road, which is requisitioned by the Ministry of Food for the purpose of slaughtering animals for human consumption to serve the needs of the Borough and parts of the Andover, Whitchurch and Kingsclere Rural Districts. Cattle for the Borough of Basingstoke are also slaughtered on these premises.

The slaughterhouse is of good construction and well maintained and ventilation was improved during the year.

The officials of the Ministry of Food and the Slaughtering Contractor and Staff continued to co-operate fully with the Sanitary Inspectors of the Council carrying out the duties of Meat Inspection and I again wish to record my appreciation of this co-operation.

100% inspection of all animals slaughtered was carried out and this entailed 351 visits and working over 300 hours beyond normal during the year, apart from Sunday slaughtering during peak periods.

A total of 5,957 animals were slaughtered during the year and a total of 21 Tons. 6 cwts. 41½ lbs. of meat and organs were condemned as unfit for human consumption.

The following tables give details of the carcases inspected and condemned and the weight of meat and organs condemned:-

Carcases Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1632	844	421	2888	172
Number inspected	1632	844	421	2888	172
All diseases except Tuberculosis Whole carcases condemned	1	1	1	6	7
Carcases of which some part or organ was condemned	615	524	2	544	45
Percentage of the number inspected affected with diseases other than T.B.	37.7%	62.2%	.71%	19.0%	30.0%
Tuberculosis only Whole carcases condemned	10	19	2	-	-
Carcases of which some part or organ was condemned	87	199	1	-	13
Percentage of the number inspected affected with Tuberculosis	5.9%	25.8%	.71%	-	6.9%

Weight of Meat and Organs Condemned

	Tuberculosis cwts.	qrs.	lbs.	Other diseases cwts.	qrs.	lbs.
Carcases and parts of carcases	145	-	24	29	2	-
Organs	76	3	5½	174	3	12
TOTALS	221	3	29½	204	1	12
Total weight:- 21 Tons. 6 cwts. 41½ lbs.						

Meat and Offal condemned on Butchers' Premises.

Two hundred and seven pounds of imported beef and twenty-eight pounds of Home Killed meat was condemned as unfit for human consumption on butchers' premises by reason of bone taint.

Corned Beef

Five hundred and sixty-four pounds of imported canned beef was condemned as unfit for human consumption on butchers' premises and at the Ministry of Food distribution centre.

DISPOSAL OF CONDEMNED MEAT.

The disposal of condemned home killed meat, imported meat and corned beef is dealt with by the Ministry of Food. Meat and offal is regularly collected by contractors and removed for proper treatment in steam digestors or concentrating plants.

Other Foods

Condemnation certificates were issued in respect of the following food voluntarily surrendered by private traders:-

Weight in lbs.

Fish	-	109 lbs.
Meat Pies	-	19 lbs.
Faggots	-	24 lbs.
Sultanas	-	28 lbs.
Pork Bones	-	56 lbs.
Cheese	-	99 lbs.
Frozen Egg	-	28 lbs.
Bacon	-	24 lbs.
Butter	-	2 lbs.
Sausages	-	241 lbs.
Sweets	-	24½lbs.
Game	-	20½lbs.

Total weight - 675 lbs.

Number of cans

Milk	-	151
Meat	-	95
Fish	-	18
Fruit	-	60
Vegetables	-	112
Soup	-	12
Fruit juice	-	2
Preserves	-	50

Total number of cans - 500

The disposal of this food is dealt with by the Borough Council at the controlled refuse tips.

CYSTICERCUS BOVIS

100% inspection of beef carcases and offal for the detection of lesions is carried out and sixty-four cases were discovered during the year.

Cysticercus Bovis is the cystic stage of the tapeworm Taenia Saginata in man and was considered rare in this country until reports of cases were received during 1948.

Affected carcases and offal are removed to Southampton for cold storage for a period of 21 days at a temperature not exceeding 20°F. after which the meat is released for manufacturing purposes.

The following table gives details of the animals affected:-

Class of animals

Steers	Heifers	Cows	Total
18	25	21	64

Percentage of the total number of animals slaughtered in each class.

Steers	Heifers	Cows
2.5%	3.5%	2.4%

Percentage of the total number of all animals slaughtered

2.7%

It appears that Cysticercus Bovis infestation of cattle is still on the increase in this country and although the fullest possible information is obtained regarding all animals affected and forwarded to the Authorites concerned there appears to be very little field work carried out on the Medical side in attempting to trace human beings harbouring the tapeworm with a view to preventing the spread of Cystic infestation.

REPORTS TO OTHER AUTHORITIES

All cases of generalised tuberculosis in cattle, congenital tuberculosis in calves and cystic infestation in all classes of animals is reported to the Medical Officer and Divisional Veterinary Officer of the County concerned. Twenty-six cases of generalised tuberculosis were reported during the year. Sixty-four cases of Cysticercus Bovis and two cases of congenital tuberculosis in calves were notified during the year. I repeat that the veterinary profession should make more use of the valuable information available at the slaughterhouse regarding the diseases of animals. The continued loss of liver by reason of fluke (Distoma Hepaticum) is a matter for attention, one thousand and seventy-seven livers being condemned during the year 1950, the percentage of offal being 21% in cattle and 11% in sheep.

THE SLAUGHTER OF ANIMALS ACT, 1933

The above Act provides for the humane and scientific slaughter of animals, the licensing of slaughtermen and for purposes connected therewith. The Sanitary Inspectors of the Council are the duly appointed enforcement officers for the purposes of the Act, and slaughtermen's licences are granted by the Council only after receiving a satisfactory report from those officers, who are able to observe the slaughtering of animals whilst engaged in meat inspection duties at the slaughterhouse and the inspection of knackers yards.

Nine applications for licences were granted for a period of 12 months in each case. Action regarding contravention of the provisions of the Act was not found necessary during the year.

The Temple-Cox and Cash captive bolt type humane killer is used at the controlled slaughterhouse also a long arm Greener killer which fires a bullet is used on occasions for bulls and dangerous animals and I am pleased to report that every endeavour is made to ensure that all animals are slaughtered without pain or suffering and I am always glad to demonstrate the methods employed to anyone interested.

KNACKERS YARDS

The Knackers Yard within the Borough situated at Andover Down continued to be licensed under the Food and Drugs Act, 1938, for periods of six months. These premises are also licensed by the Ministry of Food under the Knackers Yard Order, 1948.

Byelaws made under Section 58 of the Food and Drugs Act, 1938, are in force within the Borough requiring the person licensed to keep and produce when required, records of animals brought into the yard and of the manner in which those animals, and the different parts thereof, were disposed of.

The colouring of meat with a vegetable dye is enforced under the provisions of the Livestock (Restriction of Slaughtering)(No.2.) Order, 1940. The Sanitary Inspectors of the Council are enforcement officers under the Order and in view of the legislation available for control by the Local Authority it would appear that the Knackers Yard Order, 1948, merely causes overlapping and confusion.

There is practically no control over the handling of meat from Knackers Yards, and raw meat from animals slaughtered by reason of all manner of diseases ultimately reaches the home by way of the cat and dog meat shop, the danger of which is apparent and cannot be over emphasised.

I am of the opinion that meat should not be permitted to leave the Knackers Yards unless sterilised by heat treatment or dispatched in sealed containers to a place where treatment can be effectively carried out. Disposal in certain direction where the meat may be used for human consumption could be avoided in this way.

SHOPS

Shops Act, 1950.

This Act consolidates the Shops Acts, 1912 to 1938 and came into force on the 1st. October.

Routine inspections are carried out covering the following matters:-

Provision of washing facilities and sanitary accommodation;
Provision of lighting and heating;
Facilities for taking meals;
Closing of shops on weekly half-holidays;
Evening closing;
Assistants weekly half-holidays and meal intervals;
Conditions of employment of young persons under 18 years of age;
Sunday trading.

It was not found necessary to institute any proceedings for infringements of the Shops Act during the year and it is found that most shops close at an early hour at the present time. Sunday trading is on the increase, and will need watching.

RODENT CONTROL

This work is administered by the Andover Rodent Joint Control Committee comprising members of the Borough Council and the Andover Rural District Council.

The inspection of premises and the work of rat and mice destruction is carried out under the supervision of the Rodent Officer, Mr. T. S. Shears, with the assistance of three Rodent Operatives and all complaints received and infestations discovered by the Sanitary Inspector's Department are referred to the Rodent Officer for attention.

Joint inspections are carried out by the Sanitary Inspector and Rodent Officer where insanitary conditions are found which lead to rodent infestation.

BUILDING LICENSING

The Chief Sanitary Inspector is the appointed Licensing Officer for building work to dwelling-houses other than work requiring plans to be deposited under the Building Byelaws.

Very few applications have been dealt with since the financial limit on building work which may be carried out without a licence was raised to £100.

STAFF

The following changes among staff took place during the year:-

Miss E. V. Clark was appointed to the Office Staff to fill the vacancy caused by the resignation of Miss J.M. White.

The Staff of the Chief Sanitary Inspector's Department at the end of the year comprised the following members:-

Chief Sanitary Inspector and Borough Shops Acts Inspector	A. R. Tarrant, M.R.San.I., M.S.I.A.
Assistant Sanitary Inspector	D. W. Westmore, A.R.San.I., M.S.I.A.
Clerks	Miss J. J. Ford. Miss E. V. Clark.

I wish to record my thanks to my Assistant, Mr. D. W. Westmore, and the Clerical Staff, for their keen interest and support throughout the year.

The Enquiry Office is attached to my Department and great credit is due to both Miss Ford and Miss Clark for the able and courteous manner with which all enquiries have been dealt.

Factories Acts, 1937 and 1948.

1. Inspections for purposes of provisions as to Health.

Premises	Number on Register	Number	of	
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	16	13	1	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	89	86	2	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	1	-	-	-
TOTAL	106	104	3	-

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
			Referred		
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	2	2	-	1	-
Unreasonable temperature	1	-	1	-	-
Sanitary Conveniences					
(a) Insufficient	4	3	-	4	-
(b) Unsuitable or defective	1	1	-	-	-
(c) Not separate for Sexes	-	-	-	-	-
Other Offences	2	-	2	-	-
TOTAL	10	6	3	5	Nil